

## APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR RECIPROCITY

*(Check or initial appropriate box)*

GRADE I	GRADE II
<input type="checkbox"/>	<input type="checkbox"/>
<b>\$145</b>	<b>\$180</b>

(Certification and reciprocity fees are included. Fees are non-refundable.)

Under the California Code of Regulations (CCR) , Article 5, §3704 (a), the division may issue Grades I or II operator certificates by reciprocity in accordance with the procedures set forth in Article 5. **California does not reciprocate with the state of Nevada, Washington, Florida, or Michigan.**

### I. OPERATOR INFORMATION:

- A. Name – Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_
- B. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- C. Work Address: \_\_\_\_\_ City: \_\_\_\_\_
- D. Phone: Work: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_
- E. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
- F. Email Address: \_\_\_\_\_
- Would you like to receive public notices from the Operator Certification Program? Yes\_\_\_\_ No\_\_\_\_

### II. EDUCATION AND TRAINING:

**\*IMPORTANT\* Attach verification of your educational qualifications. Copies of college transcripts or Certificates of Completion for courses related to wastewater are required for verification.**

- A. Valid California Wastewater Treatment Plant Operator Certification: Grade: \_\_\_\_\_ Number: \_\_\_\_\_
- B. What state do you currently hold a certification? \_\_\_\_\_ Exp date: \_\_\_\_\_
- C. Date of your last passing examination? \_\_\_\_\_ What level? \_\_\_\_\_
- D. High School Graduate: YES NO (Circle One) Date of Graduation: \_\_\_\_\_ **\*\*Attach verification\*\***  
 If no, date of GED or equivalent: \_\_\_\_\_ **\*\* Attach verification\*\***
- E. College Graduate: YES NO (Circle One) Degree: \_\_\_\_\_ Date Earned: \_\_\_\_\_  
 Major: \_\_\_\_\_ Name and Location of College: \_\_\_\_\_
- F. Training: \_\_\_\_\_ **\*\*Attach verification\*\* (See instructions for further information)**

#### OFFICE USE ONLY:

Total educational points: _____	Approved for grade: _____
Examination date: _____	Certification issue date: _____
Years of qualifying experience: _____	Certificate expiration date: _____
Chief Plant Operator's cert. exp. date: _____	
Signature of reviewer: _____	Date: _____

**EXPERIENCE – Sections III through V: Please include a copy of your duty statement.** Complete Section(s) and list the specific duties you will be performing. General and/or incomplete job duty descriptions may delay processing of your application.

**III CURRENT WASTEWATER TREATMENT PLANT EXPERIENCE:**

- A. Date started: \_\_\_\_\_ Average number of hrs/wk in operations: \_\_\_\_\_
- B. Job classification/position title: \_\_\_\_\_
- C. Job duties: (attach copy of duty statement) \_\_\_\_\_
- D. Name of wastewater treatment plant: (attach separate sheet for additional plants) \_\_\_\_\_
- E. Name of municipality: \_\_\_\_\_ Name of contract operator: (if applicable) \_\_\_\_\_
- F. Street address: \_\_\_\_\_  
Mailing address: \_\_\_\_\_
- G. Design flow: \_\_\_\_\_ MGD Treatment processes: \_\_\_\_\_ Pond system: \_\_\_\_\_
- H. Supervisor's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

**IV. PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE:**

- A. Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_ Average number of hrs/wk in operations: \_\_\_\_\_
- B. Job classification/position title: \_\_\_\_\_
- C. Job duties: (attach copy of duty statement) \_\_\_\_\_
- D. Name of wastewater treatment plant: \_\_\_\_\_
- E. Name of municipality: \_\_\_\_\_ Name of contract operator: (if applicable) \_\_\_\_\_
- F. Street address: \_\_\_\_\_  
Mailing address: \_\_\_\_\_
- G. Design flow: \_\_\_\_\_ MGD Treatment processes: \_\_\_\_\_ Pond system: \_\_\_\_\_
- H. Supervisor's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

**V. ADDITIONAL WASTEWATER TREATMENT PLANT EXPERIENCE: (attach separate sheet for additional experience)**

- A. Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_ Average number of hrs/wk in operations: \_\_\_\_\_
- B. Job classification/position title: \_\_\_\_\_
- C. Job Duties: (attach copy of duty statement) \_\_\_\_\_
- D. Name of wastewater treatment plant: \_\_\_\_\_
- E. Name of municipality: \_\_\_\_\_ Name of contract operator: (if applicable) \_\_\_\_\_
- F. Street address: \_\_\_\_\_  
Mailing address: \_\_\_\_\_
- G. Design flow: \_\_\_\_\_ MGD Treatment processes: \_\_\_\_\_ Pond system: \_\_\_\_\_
- H. Supervisor's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

**VI. SIGNATURE OF CHIEF PLANT OPERATOR (CPO)\* - This must be completed by CPO ONLY!!**

I hereby certify, under grounds for discipline, that the information contained in the present employment section above made by the applicant to be true and correct to the best of my knowledge.

Print Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Number: \_\_\_\_\_

Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VII. SIGNATURE OF APPLICANT\***

I, the undersigned, certify that all statements made, and information contained in this application, are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may result in grounds for discipline. I also consent to a thorough investigation of my employment record and other qualifications in related activities for the purpose of verification of my qualifications for which I have applied.

Print Name: \_\_\_\_\_ Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE SIGN IN BLUE INK.**

# INSTRUCTIONS FOR WASTEWATER TREATMENT PLANT OPERATOR RECIPROCITY APPLICATION

## I. CERTIFICATION GRADES AND FEES

When applying for the Reciprocity, check ☒ or initial the box of the Grade I or II that you want to apply for. Complete Sections A through F, and attach a check or money order for the appropriate fee made payable to: **State Water Resources Control Board (or State Water Board)**. **\*\* Fees are non refundable.** [See Article 8, § 3717 (b) and (c) of the CCR].

## II. EDUCATION AND TRAINING

- A. If you are a certified operator, fill in the appropriate Grade and Certificate number.
- B. Provide the state you currently hold an operator certification in and expiration date of certificate.
- C. Provide the date of your last passing operator examination and at what level.
- D. Provide your high school graduation, GED, or equivalent information in the space provided. **ATTACH COPIES OF VERIFICATION of high school graduation or equivalent.**
- E. You must submit copies of college transcripts, grade cards, or certificates of completion for courses related to wastewater treatment to verify completion of education requirements.
- F. You must submit copies of all training courses completed that are directly or indirectly related to wastewater treatment. This can include basic science courses. **If you are currently attending a training course at the time your application is submitted, your application will be denied if you do not meet the minimum qualifications by any other approved educational points.** The Office of Operator Certification must review and approve all courses.

### EDUCATIONAL POINTS – [CCR, Article 8, § 3717 (a) and (b)]

- (1) One completed three-unit semester course, which is directly related to wastewater treatment, and which is part of the curriculum of an accredited college or university is equal to eight educational points. Completed courses, which result in more or less than three units or which are quarter units rather than semester units will be credited with educational points on a proportional basis.
- (2) All other courses will be assigned educational points at the rate of one educational point per 10 hours of completed classroom instruction. Subjects, which are directly related to wastewater treatment, shall be assigned full credit for educational points. Subjects, which are indirectly related shall be given one half credit.
- (3) One Continuing Education Unit, which is directly related to wastewater treatment, is equal to one educational point.
- (4) Applicants may not substitute experience for educational points.

## III. - V. WASTEWATER TREATMENT PLANT EXPERIENCE

*Note: The Applicant and the Chief Plant Operator should provide this information.*

- A. Give the inclusive dates of your employment as an operator and the average number of hours per week that you work in the actual operation of the Wastewater Treatment Plant.
- B. List your job classification/position title, i.e. Operator I, at the wastewater treatment plant.
- C. List the duties that you perform as a Wastewater Treatment Plant Operator. This means the day-to-day activities primarily consisting of the control of any process, which may affect the quality of the Plant's discharge. Job descriptions must be specific, or a duty statement attached, to avoid delays in processing your application.
- D. Type or print the name of the wastewater treatment plant.
- E. Type or print name of municipality and contract operator. (if applicable)
- F. Give both the street address and mailing address of the wastewater treatment plant.
- G. Give the design flow and treatment processes, i.e. 0.5 MGD, Primary, Activated Sludge, etc.
- H. Give name of supervisor, grade, and telephone number.

If you were employed as a certified operator at other wastewater treatment plants, provide the information as requested in items A through H above for each plant.

## VI. SIGNATURE OF CHIEF PLANT OPERATOR

If employed, the application submitted to the OOC **MUST** include the Chief Plant Operator's (CPO) **ORIGINAL** signature and date. If more than one page of experience is submitted, please be sure the CPO's signature and date is included on each page. List the Chief Plant Operator's certificate grade and number.

## VII. SIGNATURE OF APPLICANT

The application submitted to the Office of Operator Certification **MUST** include the applicant's **ORIGINAL** signature and date in **blue ink**. Please retain these instructions and make a copy of your complete application for your files. Mail the original completed application package and application fee to:

State Water Resources Control Board  
Office of Operator Certification  
PO Box 944212  
Sacramento, CA 94244-2120

Direct any questions concerning this application to: (916) 341-5819 or [opcertprogram@waterboards.ca.gov](mailto:opcertprogram@waterboards.ca.gov).

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### PRIVACY ACT DISCLOSURE

This information is requested by the STATE WATER RESOURCES CONTROL BOARD, OFFICE OF OPERATOR CERTIFICATION. The authority for maintaining the requested information is the California Code of Regulations, Division 4, Chapter 14. All information requested on the application form must be provided by the applicant for reciprocity. Failure to complete any portion of this form may result in delay or denial of eligibility for examination. The information provided is used to evaluate the applicant's eligibility for examination for Wastewater Treatment Plant Operators. No transfers of this information are anticipated. For more information, or access to your records, contact the Office of Operator Certification, PO Box 944212, Sacramento, CA 94244-2120, Phone (916) 341-5819.

**ATTACHED TIME LIMITS:** The division shall notify applicants in writing within thirty (30) calendar days of receipt of an certification application form and fees whether it is complete or deficient.